

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert Cantwell  
Serial No.: 10/769,040  
Filed: January 30, 2004  
For: TENT EVE

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Group No.: 3637  
Examiner: Wilkens, Janet Marie

Mail Stop: AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## TRANSMITTAL

1. Transmitted herewith is:
  - Amendment Transmittal which includes Certificate of Express Mail (3 pages, *in duplicate*)
  - Amendment in Response to Office Action dated March 17, 2006 (10 pages)
  - Return Receipt Postcard

## STATUS

2. Applicant
  - ☐ claims small entity status.
  - ☒ is other than a small entity.

CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS

Express Mail No.: EV829954045US  
Date: May 17, 2006

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop: AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Eric T. Kruschke  
Eric T. Kruschke, Reg. No. 42,769

### EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) \_\_\_\_\_ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

| Extension for response<br>within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |
|-----------------------------------|--------------------------------|-------------------------------------|
| _____ first month                 | \$ 120.00                      | \$ 60.00                            |
| _____ second month                | \$ 450.00                      | \$ 225.00                           |
| _____ third month                 | \$ 1,020.00                    | \$ 510.00                           |
| _____ fourth month                | \$1,590.00                     | \$ 795.00                           |
| _____ fifth month                 | \$2,160.00                     | \$1,080.00                          |

Fee: \$ \_\_\_\_\_

If an additional extension of time is required, please consider this a petition therefor.

*(Check and complete the next item, if applicable)*

\_\_\_\_\_ An extension of \_\_\_\_\_ months has already been secured. The fee paid  
therefor \$ \_\_\_\_\_ is deducted from the total fee due for the total months  
of extension now requested.

Extension fee due with this request \$ \_\_\_\_\_

OR

- (b)   X   Applicant believes that no extension of term is required. However, this  
conditional petition is being made to provide for the possibility that  
applicant has inadvertently overlooked the need for a petition for extension  
of time.

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

|        | (Col. 1)                                  |       | (Col. 2)                              | (Col. 3)         | SMALL ENTITY               |    | OTHER THAN<br>SMALL ENTITY |
|--------|---|-------|---------------------------------------|------------------|----------------------------|----|----------------------------|
|        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | ADDITIONAL<br>RATE FEE     | OR | ADDITIONAL<br>RATE FEE     |
| TOTAL  |   | MINUS |                                       | =                | x \$25.00 = \$             |    | x \$50.00 = \$             |
| INDEP. |   | MINUS |                                       | =                | x \$100.00 = \$            |    | x \$200.00 = \$            |
| —      | FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |       |                                       |                  | + \$180.00 = \$            |    | + \$360.00 = \$            |
|        |   |       |                                       |                  | TOTAL ADDITIONAL<br>FEE \$ | OR | TOTAL ADDITIONAL<br>FEE \$ |

- (a) ☒ No additional fee for Claims is required

**OR**

- (b) ☐ Total additional fee for claims required \$ \_\_\_\_\_

### FEE PAYMENT

5. Attached is a check in the sum of \$ \_\_\_\_\_
- ☐ Charge Deposit Account No. 01-2384 the sum of \$ \_\_\_\_\_.  
A duplicate of this transmittal is attached.

### FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

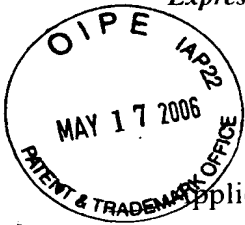
**AND/OR**

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:

*Eric T. Krishke*

Eric T. Krishke  
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314-621-5070

Express Mail No.: EV829954045US



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: Art Unit: 3637  
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: Examiner: Wilkens, Janet Marie  
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**AMENDMENT AFTER FINAL REJECTION**

Mail Stop: AF  
Hon. Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313

In response to the final Office Action dated March 17, 2006, Applicant respectfully requests consideration and entry of the following amendment.